

(6)

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ _____

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

For International Preliminary Examining Authority use only		
Identification of IPEA	Date of receipt of DEMAND	
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		
International application No. PCT/AU2004/001800	International filing date (day/month/year) 21 December 2004 (21.12.2004)	
Applicant's or agent's file reference 031392PC/KF (Earliest) Priority date (day/month/year) 23 December 2003 (23.12.2003)		
Title of invention Glycosaminoglycan (GAG) Mimetics		
Box No. II APPLICANT(S)		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Progen Industries Limited 2806 Ipswich Road Darra QLD 4076		Telephone No.
		Facsimile No.
		Teleprinter No.
		Applicant's registration No. with the Office
State (that is, country) of nationality: Australia	State (that is, country) of residence: Australia	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Don, Robert Hugh 17 Bee Street Bardon QLD 4065		
State (that is, country) of nationality: Australia	State (that is, country) of residence: Australia	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Ferro, Vito 8 Rani Close Mt. Ommaney QLD 4074		
State (that is, country) of nationality: Australia	State (that is, country) of residence: Australia	
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.		

Continuation of Box No. II APPLICANT(S)

*If none of the following sub-boxes is used, this sheet should not be included in the demand.*Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

Bytheway, Ian
20 Edgehill Street
Nathan QLD 4111

State (that is, country) of nationality:
Australia

State (that is, country) of residence:
Australia

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

Cochran, Siska
72 Leichhardt Crescent
Barellan Point QLD 4306

State (that is, country) of nationality:
Australia

State (that is, country) of residence:
Australia

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

Fairweather, Jon Krueger
31 Boronia Avenue
Holland Park West QLD 4121

State (that is, country) of nationality:
Australia

State (that is, country) of residence:
Australia

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

Hammond, Timothy Edward
154 Stanley Terrace
Taringa QLD 4068

State (that is, country) of nationality:
Australia

State (that is, country) of residence:
Australia

Further applicants are indicated on another continuation sheet.

Continuation of Box No. II APPLICANT(S)

*If none of the following sub-boxes is used, this sheet should not be included in the demand.*Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

Karoli, Tomislav
 14 Kosciusko Street
 Middle Park QLD 4074

State *(that is, country) of nationality:*
AustraliaState *(that is, country) of residence:*
AustraliaName and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

Li, Cai Ping
 89 Seabrook Circuit
 West Lake QLD 4074

State *(that is, country) of nationality:*
AustraliaState *(that is, country) of residence:*
AustraliaName and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

Liu, Ligong
 28 Samara Street
 Sunnybank QLD 4109

State *(that is, country) of nationality:*
AustraliaState *(that is, country) of residence:*
AustraliaName and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*State *(that is, country) of nationality:*State *(that is, country) of residence:*

Further applicants are indicated on another continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is agent common representative
 and has been appointed earlier and represents the applicant(s) also for international preliminary examination.
 is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.
 is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Cullen & Co. Level 26 239 George Street Brisbane QLD 4000 Australia	Telephone No. (07) 3011 5555
	Facsimile No. (07) 3229 3384
	Teleprinter No.
	Agent's registration No. with the Office

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION

Statement concerning amendments:*

1. The applicant wishes the international preliminary examination to start on the basis of:

the international application as originally filed
 the description as originally filed
 as amended under Article 34
 the claims as originally filed
 as amended under Article 19 (together with any accompanying statement)
 as amended under Article 34
 the drawings as originally filed
 as amended under Article 34

2. The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.
 3. Where the IPEA wishes to start the international preliminary examination at the same time as the international search in accordance with Rule 69.1(b), the applicant requests the IPEA to postpone the start of the international preliminary examination until the expiration of the applicable time limit under Rule 69.1(d).
 4. The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54bis.1(a).

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: ENGLISH

which is the language in which the international application was filed.
 which is the language of a translation furnished for the purposes of international search.
 which is the language of publication of the international application.
 which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

			For International Preliminary Examining Authority use only
			received not received
1. translation of international application	:	sheets	<input type="checkbox"/> <input type="checkbox"/>
2. amendments under Article 34	:	sheets	<input type="checkbox"/> <input type="checkbox"/>
3. copy (or, where required, translation) of amendments under Article 19	:	sheets	<input type="checkbox"/> <input type="checkbox"/>
4. copy (or, where required, translation) of statement under Article 19	:	sheets	<input type="checkbox"/> <input type="checkbox"/>
5. letter	:	sheets	<input type="checkbox"/> <input type="checkbox"/>
6. other (specify)	:	sheets	<input type="checkbox"/> <input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

1. <input checked="" type="checkbox"/> fee calculation sheet	5. <input type="checkbox"/> statement explaining lack of signature
2. <input type="checkbox"/> original separate power of attorney	6. <input type="checkbox"/> sequence listing in electronic form
3. <input type="checkbox"/> original general power of attorney	7. <input type="checkbox"/> tables in electronic form related to a sequence listing
4. <input type="checkbox"/> copy of general power of attorney; reference number, if any:	8. <input type="checkbox"/> other (specify):

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).



Kenneth G. Finney
Cullen & Co.

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due
to CORRECTIONS under Rule 60.1(b):

3. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply. <input type="checkbox"/> The applicant has been informed accordingly.	6. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8, below, does not apply.
4. <input type="checkbox"/> The date of receipt of the demand is WITHIN the time limit of 19 months from the priority date as extended by virtue of Rule 80.5.	7. <input type="checkbox"/> The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5.
5. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.	8. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82.

For International Bureau use only

Demand received from IPEA on:

BEST AVAILABLE COPY

PCT

FEE CALCULATION SHEET

Annex to the Demand

International application No.	PCT/AU2004/001800	For International Preliminary Examining Authority use only								
Applicant's or agent's file reference	031392PC/KF	Date stamp of the IPEA								
<p>Applicant Progen Industries Limited</p> <p>CALCULATION OF PRESCRIBED FEES</p> <p>1. Preliminary examination fee 550.00 P</p> <p>2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>) 267.00 H</p> <p>3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box 817.00 TOTAL</p>										
<p>MODE OF PAYMENT</p> <table> <tr> <td><input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)</td> <td><input type="checkbox"/> cash</td> </tr> <tr> <td><input type="checkbox"/> cheque</td> <td><input type="checkbox"/> revenue stamps</td> </tr> <tr> <td><input type="checkbox"/> postal money order</td> <td><input type="checkbox"/> coupons</td> </tr> <tr> <td><input type="checkbox"/> bank draft</td> <td><input checked="" type="checkbox"/> other (<i>specify</i>): Credit card</td> </tr> </table>			<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash	<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	<input type="checkbox"/> bank draft	<input checked="" type="checkbox"/> other (<i>specify</i>): Credit card
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash									
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps									
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons									
<input type="checkbox"/> bank draft	<input checked="" type="checkbox"/> other (<i>specify</i>): Credit card									
<p>AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT (<i>This mode of payment may not be available at all IPEAs</i>)</p> <p>IPEA/ _____</p> <p><input type="checkbox"/> Authorization to charge the total fees indicated above.</p> <p><input type="checkbox"/> (<i>This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.</p> <p>Deposit Account No.: _____</p> <p>Date: _____</p> <p>Name: _____</p> <p>Signature: _____</p>										